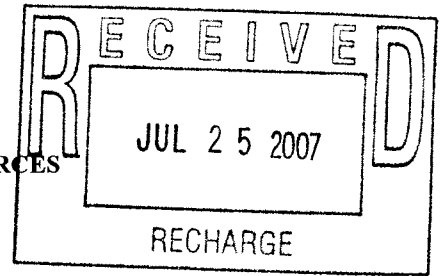


ARIZONA DEPARTMENT OF WATER RESOURCES  
Water Management Division  
3550 North Central Ave, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85012-2105  
Phone (602) 771-8585 Fax (602) 771-8689



**APPLICATION FOR A RECOVERY  
WELL PERMIT (§ 45-834.01)**

APPLICATION FEE OF \$ 50.00 PER WELL FOR  
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL  
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS  
NOTICE AND PUBLICATION FEES TO BE DETERMINED,  
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE  
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

**FOR OFFICE USE ONLY**  
Application No.: 74-211288.0000  
Date Received: 7-25-07

1. Name of Applicant: City of Tucson / Tucson Water, Attn: Timothy M. Thomure  

<u>P.O. Box 27210</u>	<u>Tucson</u>	<u>AZ</u>	<u>85726-7210</u>
Mailing Address	City	State	Zip

  
Contact Person Timothy M. Thomure Telephone (520) 791-2689 Fax (520) 791-3293
  
2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Avra Valley Sub-basin of the Tucson Active Mgmt. Area
  
3. Name of the owner(s) of the land where wellsites are located City of Tucson  
Mailing Address P.O. Box 27210, Tucson, AZ 85726-7210  
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
  
4. Legal description of the land where water will be used Within the Tucson Water Service Area and/or  
(quarter/quarter/quarter/section, township and range)  
in any other local service area which Tucson Water may serve or by contract or court order
  
5. The recovered water will be used for municipal and industrial water supply

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-211276  
 or long-term storage account number. 70-411111 ☒

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
		***** REFER TO SUPPLEMENT *****					

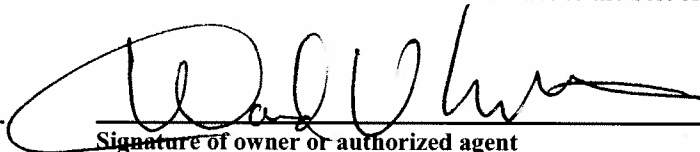
8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well
		***** NOT APPLICABLE *****					

I (We), David V. Modeer, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(520) 791-2666

Telephone



Signature of owner or authorized agent

Director

Title

P.O. Box 27210

Tucson

AZ

85726-7210

Mailing Address

City

State

Zip

STATE OF ARIZONA

County of PIMA )

)  
) ss.

Subscribed and sworn to before me this 19 day of July, 20 07.

  
Notary Public

6-28-10  
My commission expires:

